PROJECT #	
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PERMIT #	
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RESIDENTIAL BUILDING PERMIT APPLICATION

CITY OF LIVONIA – BUILDING INSPECTION 33000 CIVIC CENTER DRIVE LIVONIA, MI 48154 (734) 466-2580



Email plans: Inspectionplans@ci.livonia.mi.us

SEWER RECEIPT #						DATE:		
WATER PERMIT # PLEASE PRINT		_				CASH REC	CEIPT # PLAN #	
Contractors Name	S	treet Address		City/Zip Coc	le	Phone N	lo.	
Residents Name	S	treet Address		City/Zip Cod	le	Phone No	o. <mark>(Required</mark>	to Issu
Is this property locate Natural Resources &							d in part 91, o	of the
CIVIC ASSOC. APPR	OVAL REQ'D:	YES NO _	Contractors	E-Mail Address_				
TO CONSTRUCT:	New Home	Addition	Alteration	Garage	Roof	\bigcirc W	indow	
Check Box	Siding	Pool	Demo	Other				
Other Information of	n Project.	,			F 1.0	7		
Address of Project	Street		Livonia, MI	Zip Code	Estimated (ost: \$		
ZONING AND HO	Z	INATION	E FILLED IN PLAN#BETWE		ON	N/E/S)F
LOT #		ISION			SECTIO	N		
PROPERTY NUMB	ER			LOT COVERA	AGE		%	
LOT WIDTH		LOT DEPTH	I	TOTAL	AREA		SQ. FT.	
CORNER LOT PROPOSED BUILD FLOOR AREA OF E 1 ST FLOOR SQ FT_	ING WIDTH_ BUILDING TO	BE ERECTEI	DEPTH):	TOTAL I	HEIGHT	Size ST	Size ORY	
FRONT YARD DEP					YARD DEPT			
SIDE YARD: ON T PERMIT TO BE ISS	UED FOR							
MAIN BUILDING TYPE USE_ GARAGE AND/OR TYPE USE_ APPROVED BY ZONING GRANT #	SQ. FT SQ. I SQ. I	G FTG E	ZONING	E: PLAN REV BUILDING RE	STIMATED (PERMI IEW/ZONIN GISTRATIOI ADMIN	COST \$ I FEE \$ G FEE \$ N FEE \$ FEE \$		

CONTRACTOR INFORMATION

Q.O. NAME	TELEPHONE NO			
	DRIVER LIC. #			
CITYSTATEZIP CO				
	EXPIRATION DATE			
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION	MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			
125.1523a of the Michigan Compiled Laws, probrequirements of this state relating to persons whe structure. Violators of section 23a are subjected. I hereby certify that the proposed work is authorized by this application as his authorized agent and we agree to determine the subject of the s	owner of record and that I have been authorized by the owner to ma form to all applicable Ordinances of the City of Livonia including			
	mum lot coverage provisions of structures and that we will be in oning variance and/or appropriate Commission or Council approval:			
ZBA GRANT: PC/C	PC/CR			
HOMEOWNER AFFIDAVIT: INITIAL	YES NO			
home in which I am living or about to occupy. A and shall not be enclosed, covered up, or put into	is permit application shall be installed by myself in my own work shall be installed in accordance with the Building Codperation until it has been inspected and approved by the ng Inspector and assume the responsibility to arrange for			
A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF TO SISSUANCE OR THE DATE OF A PREVIOUS INSPECTION CANCELLED PERMITS MAY NOT HAVE A 60% REFUND IF INSPECTION/SITE VISIT HAS BEEN MADE OR SIX MONTH HAS ELASPED SINCE PERMIT ISSUANCE. PLAN REVIEW A ADMINSTRATION FEES ARE NOT REFUNDABLE.	SIGNATURE OF APPLICANT OR OWNER IME			
The applicant warrants the truthfulness of the informat	PRINT NAME OF APPLICANT OR OWNER			
the plans and application and that if any of the informal provided is incorrect, the building permit may be revoluted applicant is responsible for scheduling all required inspections. A permit will be cancelled when no inspections.	. Witnessed By:			